

BEST AVAILABLE COPY

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Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		09/83046
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	2					TOTAL IND.		
TOTAL DEP.	1	2	2	2	2	TOTAL DEP.	1	
TOTAL CLAIMS	13	13	13	13	13	TOTAL CLAIMS	13	

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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